

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043263

1. Entity Name

TE 2000, INC.

FILED

Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90132 023 \*\*\*150.00

Principal Place of Business

Mailing Address

224 ROYAL PALM DR  
FT LAUDERDALE FL 33301

224 ROYAL PALM DR  
FT LAUDERDALE FL 33301-1413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3517834

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NISI, FRANK P JR  
918 ORANGE AVE, STE B  
WINTER PARK FL 32789

Name

FRANK P. NISI JR.

Street Address (P.O. Box Number is Not Acceptable)

2003 LAKE HOWELL LANE

SUITE 101

City

MAITLAND

FL

Zip Code

32751

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME VOYATZOGLU, THEODOSIOS  
STREET ADDRESS 224 ROYAL PALM DR  
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE DPTS ☒ Change ☐ Addition  
NAME VOYATZOGLU, THEODOSIOS  
STREET ADDRESS 224 ROYAL PALM DR  
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE D ☒ Delete  
NAME SEEFRIED, EDWARD B  
STREET ADDRESS 2735 RED FOX RD  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*THEODOSIOS VOYATZOGLU*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2000  
Date

(954) 525-2080  
Daytime Phone #

CR2E034 (9/99)